

Case Number:	CM15-0023007		
Date Assigned:	02/12/2015	Date of Injury:	09/05/1995
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old male who reported an injury on 09/05/1995, due to riding on the back of heavy equipment and machinery. An Appeal Letter dated 01/14/2015, states that the injured worker complains of chronic low back pain. Objective findings showed tenderness to palpation in the paraspinal muscles of the lumbar spine, with relatively preserved range of motion. He was able to walk with no significant antalgic gait. His medications included Norco 10/325 mg and baclofen 10 mg. He was diagnosed with chronic low back pain. The treatment plan was for 1 Botox injection to the paraspinal muscles. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Botox injection (400 units) to the paraspinal muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox
Page(s): 25.

Decision rationale: The California MTUS Guidelines do not generally recommend Botox injections for chronic pain disorders, but state that they are recommended for cervical dystonia. The documentation provided does not indicate that the injured worker has any signs or symptoms consistent with cervical dystonia, or that he has a diagnosis of cervical dystonia to support the requested intervention. Also, a clear rationale was not provided for the medical necessity of a Botox injection, and there was a lack of documentation showing that he has tried and failed all recommended conservative therapy options. Therefore, the request is not supported. As such, the request is not medically necessary.